City of Douglasville

Request to be paid for earned comp time

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To: Payroll Clerk

From: _____
Employee Name

_____ _____
Department Dept #

I request to be paid _____ hours of comp time which I have earned. I understand the City has up to 21 calendar days to fulfill this request.

_____ _____
Employee Signature Date

Departmental Acknowledgement:

_____ _____
Date

Account to be charged if different from my authorized position:

__ __ __ - __ __ __ __ - __ __ __ - __ __ - __ __

Note:
Do not attach this form to <u>any</u> payroll timesheet or any other payroll request form. All requests must be complete, submitted on pink paper, and received by the payroll department no later than 10:00 a.m. on the Tuesday after the payroll period ending on Monday.